

Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in the application:

Listing of claims:

Claims 1-2 (Canceled)

3. (Currently Amended) A method for ~~protecting a patient from embolization~~ removing embolic material during an open surgical procedure, comprising the steps of:

making an incision in an aorta;

introducing a distal end of a cannula into the aorta through the incision, wherein the cannula has an outer surface, a distal end adapted to enter an artery, a proximal end, a filter disposed about the distal end of the cannula which is expandable and contractable between a contracted condition and an enlarged condition, and an occluder which is expandable and contractable between a contracted condition and an expanded condition, and wherein the filter is in the contracted condition;

expanding the filter;

expanding the occluder to occlude the aorta in a region upstream of the filter, and thereafter contracting the occluder;

contracting the filter with embolic material from the aorta captured therein; and

removing the cannula and the captured embolic material from the aorta.

4. (Currently Amended) The method of claim ~~[[1]]~~ 3, wherein the proximal end of the cannula is adapted to receive blood from a bypass-oxygenator machine.

5. (Currently Amended) The method of claim ~~[[2]]~~ 4, wherein the step of expanding the occluder is followed by the steps of:

supplying blood to the aorta from ~~[[a]]~~ the bypass-oxygenator machine by way of the cannula; and

performing a surgical procedure on at least one of the heart, the aorta upstream of the occluder, and vasculature associated with the heart and/or aorta.

6. (Canceled)

7. (Currently Amended) The method of claim [[4]] 12, wherein the pressurizing cannula further includes an inflation system comprising a first lumen adapted to receive pressurized fluid and a second lumen adapted to evacuate gas, and wherein the inflation seal further includes an entry port in fluid communication with the first lumen of the pressurizing cannula and an exit port in fluid communication with the second lumen of the pressurizing cannula, so that when fluid is advanced through the first lumen, the fluid enters the inflation seal and forces gas from the inflation seal through the second lumen, thereby purging the system of gas.

8. (Currently Amended) The method of claim [[2]] 3, wherein the cannula further comprises a handle slideably disposed about the cannula and enclosing the filter and occluder when the filter and the occluder are in the contracted condition, and wherein the method of ~~protecting a patient~~ further comprises the step of moving the handle in a proximal direction to release the filter and occluder and allow same to be activated to an expanded condition.

9. (Currently Amended) The method of claim [[2]] 3, wherein the occluder is disposed circumferentially about the cannula.

10. (Currently Amended) The method of claim [[2]] 3, wherein the occluder is disposed at a radial position along the side of the cannula.

11. (New) A method for removing embolic material during an open surgical procedure, comprising the steps of:

providing a blood cannula having a distal end and comprising disposed a filter disposed about the distal end and including an inflation seal that is controllably inflatable and deflatable to change the filter between a contracted condition and an expanded condition, the cannula further comprising an occluder configured to be controllable inflatable and deflatable to change the occluder between a contracted condition and an expanded condition;

introducing the distal end of the blood cannula into the aorta through an incision with the

inflation seal and the occluder in their respective contracted conditions,

inflating the inflation seal to change the filter to its enlarged condition;

inflating the occluder to change the occluder to its expanded condition so as to occlude the aorta in a region upstream of the filter;

deflating the occluder to change the occluder to its contracted condition;

deflating the inflation seal of the filter so as to change the filter to its contracted condition with embolic material from the aorta captured therein; and

removing the blood cannula and the captured embolic material from the aorta.

12. (New) The method of claim 11, wherein the blood cannula includes a pressurizing cannula, and wherein the inflation seal and the occluder are inflatable and deflatable through the pressurizing cannula.

13. (New) The method of claim 11, wherein the occluder is disposed circumferentially about the blood cannula.

14. (New) The method of claim 11, wherein the occluder is disposed at a radial position along the side of the blood cannula.

15. (New) A method for removing embolic material during an open surgical procedure, comprising the steps of:

making an incision in an aorta;

introducing a distal end of a cannula into the aorta through the incision, wherein the cannula has an outer surface, a distal end adapted to enter an artery, a proximal end, a filter disposed about the distal end of the cannula which is expandable and contractable between a contracted condition and an enlarged condition, and an occluder disposed circumferentially about the cannula and that is expandable and contractable between a contracted condition and an expanded condition, and wherein the filter is in the contracted condition;

expanding the filter to its enlarged condition;

expanding the occluder to its expanded condition so as to occlude the aorta in a region

upstream of the filter, and thereafter contracting the occluder to its contracted position;
contracting the filter to its contracted position with embolic material from the aorta
captured therein; and
removing the cannula and the captured embolic material from the aorta.

16. (New) The method of claim 15, wherein the filter and the occluder are expandable and contractable by inflation and deflation through a pressurizing cannula carried on the cannula.

17. (New) A method for removing embolic material during an open surgical procedure, comprising the steps of:

making an incision in an aorta;
introducing a distal end of a cannula into the aorta through the incision, wherein the cannula has an outer surface, a distal end adapted to enter an artery, a proximal end, a filter disposed about the distal end of the cannula which is expandable and contractable between a contracted condition and an enlarged condition, and an occluder disposed radially along the side of the cannula and that is expandable and contractable between a contracted condition and an expanded condition, and wherein the filter is in the contracted condition;
expanding the filter to its enlarged condition;
expanding the occluder to its expanded condition so as to occlude the aorta in a region upstream of the filter, and thereafter contracting the occluder;
contracting the filter to its contracted condition with embolic material from the aorta captured therein; and
removing the cannula and the captured embolic material from the aorta.

18. (New) The method of claim 17, wherein the filter and the occluder are expandable and contractable by inflation and deflation through a pressurizing cannula carried on the cannula.